

Claims Clues

A Publication of the AHCCCS Claims Department

July, 1999

1st Claim To Be Due 6 Months from DOS

Effective with claims with an ending date of service on or after October 1, 1999, the initial fee-for-service claim for services provided to an AHCCCS recipient must be received by the AHCCCS Administration not later than 6 months from the ending date of service unless the claim is a retro-eligibility claim. For hospital inpatient claims, "date of service" means the date of discharge of the patient.

Claims with dates of service prior to October 1, 1999 remain subject to the 9-month initial claim submission deadline.

Regardless of dates of service, provider may resubmit a claim up to 12 months from the date of service, unless the claim is a retro-eligibility claim. If a claim does not achieve clean claim status

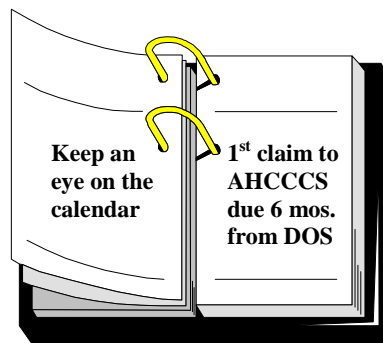
within 12 months, AHCCCS is not liable for payment.

A retro-eligibility fee-for-service claim for a categorically eligible recipient with an ending date of service on or after October 1, 1999 is considered a timely submission if the initial claim is received by AHCCCS no later than 6 months from the AHCCCS date of eligibility posting. For dates of service prior to October 1, 1999, the initial submission deadline for retro-eligibility

claims remains at 9 months from the AHCCCS date of eligibility posting.

Regardless of dates of service, retro-eligibility fee-for-service claims for categorically eligible recipients must attain clean claim status no later than 12 months from the AHCCCS date of eligibility posting to be considered timely submissions.

The change from the longstanding 9-month initial claim submission deadline to the 6-month deadline was approved earlier this year by the Arizona Legislature (SB 1357) and signed into law by Governor Jane Dee Hull. The intent of the measure is to bring the AHCCCS Administration's claim submission time frames into line with the time frames established by the AHCCCS-contracted health plans and program contractors. □



Providers Must Authorize Electronic Remittance

Providers must complete and sign an authorization form in order to receive the AHCCCS Fee-for-Service Remittance Advice in an electronic format.

The authorization form is attached to this issue of *Claims Clues*.

Providers who wish to receive an electronic Remittance Advice should complete the form and submit it as directed. The authorization form must be signed

by the provider or the provider's designated agent.

The Remittance Advice will be transmitted to providers via the Internet to the provider's electronic mail (email) address.

Authorization Form Attached

The Remittance Advice will be a file attachment to an email, and it will retain its current content.

Providers who select the electronic Remittance Advice will no longer receive a paper copy of the document.

Electronic transmission of the Remittance Advice does **not** include electronic deposit of reimbursement checks. Reimbursement checks will continue to be mailed to the provider's pay-to address.

AHCCCS expects to make the electronic Remittance Advice available by September 1. □

Got questions? Interested in meeting with AHCCCS staff to get the latest information?



Send in the Provider Meeting Interest Form attached to this newsletter.

Independent Agency to Conduct AHCCCS Hearings

Effective July 1, all AHCCCS hearings are conducted by the Arizona Office of Administrative Hearings, an independent state agency.

An administrative law judge from the Office of Administrative Hearings will conduct the hearing, decide the facts, apply law, and make a recommendation to the AHCCCS director, who will issue the director's decision. A petition for a re-hearing must be submitted within 30 days of the director's decision. The director will determine whether to amend the decision or order a re-hearing.

The AHCCCS Office of Legal Assistance (OLA) no longer

conducts hearings. However, providers must still file grievances and appeals with OLA. The OLA Informal Resolution Unit will continue to render written grievance decisions.

When a hearing is requested, the AHCCCS Administration will notify the provider in writing of a hearing date, time, and location.

Requests and motions concerning the case must be submitted to the assigned administrative law judge. All requests and motions also must be copied to any other party and the AHCCCS Administration.

Requests to reschedule a hearing must be submitted in writing to the administrative law judge. All

requests to conduct hearings telephonically must be submitted in writing to the Office of Administrative Hearings.

Subpoenas must be submitted to the Office of Administrative Hearings for the assigned administrative law judge's signature. Subpoena forms and instructions for completing the forms are available from the Office of Administrative Hearings.

For further information, contact:
Office of Administrative Hearings
1400 W. Washington St.
Suite 101
Phoenix, AZ 85007
Telephone: (602) 542-9826
Fax: (602) 542-9827 ☐

Legal Counsel No Longer Required at Hearings

Providers who wish to cross-examine witnesses and make opening and closing statements at AHCCCS hearings may appear on their own behalf, the Arizona Supreme Court has ruled.

The Supreme Court said earlier that providers could appear as witnesses and present testimony without legal representation.

However, the court said that providers must be represented by legal counsel in order to cross-examine witnesses and make opening and closing statements at AHCCCS hearings.

The court cited Arizona Supreme Court Rule 31 (a)(3) that requires that no person shall practice law in Arizona unless that person is an active member of the

State Bar. This meant that opening and closing statements and cross-examination of witnesses at AHCCCS hearings could only be done when there is legal representation.

AHCCCS sought an exception to the rule for AHCCCS contractors and providers. The Arizona Supreme Court granted that exception effective July 1. ☐

Coding Corner

The AHCCCS Administration has made the following changes to its Reference subsystem:

The following four codes will be changed from category of service 12 (Pathology and laboratory) to category of service 01 (Medicine) effective October 1, 1999:

- G0004 - Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour
- attended monitoring, per 30-day period; includes transmission, physician review, and interpretation.
- G0005 - Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30-day period; recording (includes hook-up, recording, and disconnection).
- G0006 - Patient demand single or multiple event

recording with pre-symptom memory loop and 24 hour attended monitoring, per 30-day period; 24-hour attended monitoring, receipt of transmissions, and analysis.

- G0007 - Patient demand single or multiple event recording with pre-symptom memory loop and 24 hour attended monitoring, per 30-day period; physician review and interpretation only. ☐



Quarterly Provider Meetings



The AHCCCS Administration will conduct its first quarterly provider meeting in late August or early September. The meetings, which will be held in Phoenix, Mesa, Tucson, and Flagstaff, are designed to provide a forum whereby AHCCCS can disseminate information to providers and also to allow providers to discuss issues with AHCCCS staff. It is anticipated that these meetings will last 2 to 2½ hours.

The tentative agenda for the first meeting includes the following topics:

Electronic Remittance Advice
Medicare crossover
Topics suggested by providers

Outcome of Focus Group meetings
Tax ID project
Question and answer session

If you are interested in participating in one of these meetings, please complete the form below and fax it to the AHCCCS Claims Policy/Training Unit at (602) 256-1474. You also may mail this form to:

AHCCCS Claims Policy/Training Unit
701 E. Jefferson Street, MD 8100
Phoenix, AZ 85034

Please return this form no later than August 11, 1999. Thank you.

Provider Name: _____ AHCCCS Provider ID: _____

Provider Type: _____ Specialty: _____
(e.g., physician, hospital, (Physicians only)
emergency transportation, etc.)

Street Address or P.O. Box: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____ Telephone: (____) _____

Number of people who would attend meeting: _____ FAX: (____) _____

Suggested topics: _____

I would prefer to attend a meeting in (Please select one):

Phoenix ☐ Mesa ☐ Tucson ☐ Flagstaff ☐

Authorization for Electronic Transmission Of AHCCCS Fee-For-Service Remittance Advice

I Hereby request and authorize the AHCCCS Administration to transmit my Fee-For-Service Remittance Advice via the Internet to the electronic mail (email) address listed below. I understand that I will no longer receive a paper copy of my Remittance Advice once I begin receiving my Remittance Advice electronically.

I understand that although my Remittance Advice will be transmitted electronically, my reimbursement check(s) will continue to be delivered by the U.S. Postal Service to the pay-to address(es) on file with the AHCCCS Administration Provider Registration Unit.

I understand that it is my responsibility to notify the AHCCCS Administration Provider Registration Unit in writing of any change in my email address.

Provider/Group Name: _____

AHCCCS Provider Identification Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ () _____ Fax: _____ () _____

Name of Contact Person: _____

Email address: _____

Signature of Provider
Or Authorized Representative: _____

Date: _____

Mail this form to: AHCCCS Provider Registration Unit
MD 8100
701 E. Jefferson St.
Phoenix, AZ 85034

or

Fax this form to: AHCCCS Provider Registration Unit
(602) 256-1474

Please allow 10 working days for implementation of this change.